

# Wisconsin Department of Regulation & Licensing

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Madison, WI 53708-8935

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Website: <http://www.drl.state.wi.us>

## CHIROPRACTIC EXAMINING BOARD

### APPLICATION FOR LICENSURE TO PRACTICE CHIROPRACTIC

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

**PLEASE TYPE OR PRINT IN INK** ☐ Your name and address are available to the public.  
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.)

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth _____ month      day      year	Daytime Telephone Number (      )      -      _____
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Ethnic/gender status information is optional.      Sex: ☐ M      ☐ F      Ethnic: ☐ White, not of Hispanic origin      ☐ Black, not of Hispanic origin      ☐ Hispanic      ☐ American Indian or Alaskan      ☐ Asian or Pacific Islander      ☐ Other

1. COLLEGE(S) GRANTING BACHELOR'S DEGREE			
Institution	Location	Dates Attended	Degree
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. COLLEGE OF CHIROPRACTIC _____ ADDRESS _____	DATE OF GRADUATION _____
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3. ARE YOU A GRADUATE OF ANY SCHOOL OF HEALTH PROFESSION OTHER THAN CHIROPRACTIC?  
☐ YES    ☐ NO    If yes, list name of school, location and degree received.  
\_\_\_\_\_  
\_\_\_\_\_

4. ARE YOU LICENSED/CERTIFIED IN ANY HEALTH PROFESSION OTHER THAN CHIROPRACTIC? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, list license(s) held and state(s). _____ _____	<b>For Receiving Use Only</b>
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**APPLICATION FEES:** (Make check payable to Department of Regulation and Licensing and attach to application.)

\$ 53.00 Initial Credential Fee  
\$ 57.00 State Law Exam  
**\$ 110.00 Total Fee Attached**

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5. HAS YOUR LICENSE/CERTIFICATE TO PRACTICE ANY OTHER PROFESSION/OCCUPATION EVER BEEN DENIED, RESTRICTED, REVOKED, LIMITED, SURRENDERED, CANCELLED OR SUSPENDED?

☐ YES ☐ NO If yes, give details on an attached sheet.

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6. ARE YOU LICENSED TO PRACTICE CHIROPRACTIC IN ANY OTHER STATE(S)?

☐ YES ☐ NO If yes, list state(s).

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7. IS YOUR CHIROPRACTIC LICENSE NOW SUBJECT TO DISCIPLINARY PROCEEDINGS IN ANOTHER STATE?

☐ YES ☐ NO If yes, in which state?

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8. HAS YOUR LICENSE(S) TO PRACTICE CHIROPRACTIC EVER BEEN DENIED, RESTRICTED, REVOKED, SUSPENDED, LIMITED, SURRENDERED OR CANCELLED, OR HAS ANY OTHER DISCIPLINARY ACTION BEEN TAKEN AGAINST YOUR LICENSE(S)?

☐ YES ☐ NO If yes, give details on an attached sheet.

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9. HAVE YOU OR YOUR CLINIC EVER BEEN THE DEFENDANT IN A LAWSUIT ALLEGING ANY FORM OF MALPRACTICE OR INCOMPETENCE IN THE PRACTICE OF CHIROPRACTIC OR ANY OTHER PROFESSIONAL SERVICES?

☐ YES ☐ NO If yes, give details on an attached sheet and submit a copy of the suit or claim of the final settlement or disposition.

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A "YES" ANSWER TO THE FOLLOWING QUESTION IS NOT AUTOMATIC DENIAL OF LICENSE. A FORM WILL BE SENT TO YOU REQUESTING SPECIFIC INFORMATION RELATIVE TO YOUR CONVICTION/ARREST RECORD.

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10. HAVE YOU EVER BEEN CONVICTED OF ANY OFFENSE OR ARE YOU SUBJECT TO A PENDING CHARGE (EXCLUDING MINOR TRAFFIC VIOLATIONS)?

☐ YES ☐ NO If yes, give details on an attached sheet.

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## AFFIDAVIT OF APPLICANT

I state that I am the person referred to on this application and that all the answers set forth are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential. I also understand that if I am issued a credential, failure to comply with the statutes or rules of either the Chiropractic Examining Board or the Wisconsin Department of Regulation and Licensing may be cause for disciplinary action.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

**SEAL**

\_\_\_\_\_  
Date Commission Expires